

CLIENT SERVICES COMMITTEE MINUTES
SOUTHERN VIRGINIA MENTAL HEALTH INSTITUTE
DANVILLE
NOVEMBER 12, 1998

The meeting was called to order by the Chairman, James Stewart, at 10:00 A.M. Mr. Stewart welcomed everyone and introduced the Committee members.

Members present were: James Stewart, *Executive Director Henrico CSB*; Henry Altice, *Blue Ridge CSB*; David Carter, *Resident of CVTC*; David Martin, *Pastor First Baptist Church, Norfolk*; Beverly Fleming, *Shenandoah County Supervisor*; Anthony Vadella, *Poplar Springs Hospital*; and Thelma Drake, *Virginia House of Delegates*. Also attending were Marion Greenfield, *Policy Analyst, DMHMRSAS* and Fran Sadler, *Administrative Assistant, Hammond Commission*.

Connie Fletcher, *Director of the Southern Virginia Mental Health Institute*, was introduced. She welcomed everyone and offered to conduct a tour after the meeting.

Mr. Stewart explained Governor Gilmore's charge to the Hammond Commission and the duties of the subcommittees. The main purpose of this meeting is to identify the strengths of the current mental health system in Virginia, those aspects that are working well and should continue and be built upon. A Public Comment period commenced, and fifty-one speakers addressed the Committee. Their comments are summarized in these minutes.

Mr. Stewart said that he and Marion Greenfield would use the comments from the speakers and the written comments submitted to draft a list of Strengths and send it to each Committee member for their input. He will present the agreed upon Strengths to the Full Commission on November 18. Mr. Stewart recommended that the report on Strengths begin with the connection to local government, then organize other Strengths by disabilities, and conclude with the coordination or connection of the components of the system.

Old Business: The minutes of the October 16 and October 29 meetings were approved.

New Business:

The following panel of invited experts was introduced to the Committee:

- **John Morgan**, Director of Clinical Prevention Services, Chesterfield CSB
- **Judy Rossi**, Director of MR Council Community Services, Chesterfield CSB
- **Sharon Wood**, Child and Family Services Task Force
- **Janet Hill**, MR Director, DMHMRSAS
- **Janet Lung**, Director of Resource Management, MH SA, DMHMRSAS
- **Downing Miller**, Director of SA Services, Region Ten CSB, Charlottesville
- **Lewis Gallant**, Director of SA Services, DMHMRSAS
- **Cheryl Ouimet**, Human Services Program Manager, DMHMRSAS

Mr. Stewart said that he felt that a responsibility of the Committee was to recommend to the MHMRSAS system a method whereby accurate information could be collected and given to

decision-makers. This information should identify current deficits, needed system improvements for quality service, and cost of such improvements.

The panel was asked to discuss system accountability with the Committee, how the effectiveness of the system can be measured, and how to determine unmet need. The discussion centered on access, outcome/impact, availability of core services, ability to fulfill individual plans of care, and improvement in quality of life.

Medicaid sets some standards by requiring state plan option services to be available statewide. CSBs are expected to provide a defined set of services, but disparity in the availability of and access to services in some areas is a problem. Any standards should be broad-based in design, because local communities want the flexibility to plan and provide the services they determine are needed at the local level and, in cooperation with other localities, regionally.

The panel discussed methods used by other states, including individualized budgets and establishing levels of service criteria to allocate limited funds. Where funds are very limited, states try to establish some minimal services to which all eligible consumers have access.

A problem with communicating unmet need is the doubt that exists that the quantification of need is accurate. The data is believed to be inflated and unreliable for making decisions.

After a brief discussion about ways to structure Virginia's system to ensure accountability and identify unmet need, the invited panel agreed that one option is to require a defined array of core services and the use of individual plans of care. Such a structure will allow for the measurement of unmet need and provide for quality care, consumer choice, and flexible service delivery. Some panel members pointed out that this structure does not address access to services for people with episodic involvement in the system (e.g., emergency service users and those requiring short-term outpatient treatment). This discussion led to consideration of a second option, a formula based approach to identify need.

The importance of an improved data system to support the identification of need was discussed. The panel also recommended the use of a unique client identifier to track when a person is "in" and "out" of the system.

Mr. Stewart requested that Committee members consider a possible recommendation that would envision a system using individualized plans of care that capture all recognized needs. These plans would form the basis for identifying needs for the Comprehensive Plan. The Governor would be asked to provide a directive to implement the system and request appropriate funding.

At a future meeting the Committee will discuss House Document 77 and other work that has been done in the areas the Committee is considering. It may be beneficial for the Commission report to make recommendations to bring closure in some areas for the system. The Committee will also continue discussion on a Responsive System for Quality Individual Care.

The Panel members were invited to continue the discussion with the Committee at a future meeting. Other representatives will be invited such as from facilities and Department of Corrections.

The following Spending Priorities for FY 2000 were identified and recommended:

1. Atypical Antipsychotics
2. Programs of Aggressive Community Treatment (PACT)
3. Psychiatry Needs in Under Served Areas
4. Mental Retardation Community Services
5. Stabilization and Detoxification Programs (motion by Mr. Altice)

The need for additional MR Housing was also discussed.

The meeting on November 23 in Henrico was canceled. The Committee will determine further meetings after the Full Commission meets.

The meeting was adjourned at 3:10 P.M.